PRINTED: 7/12/2023 FORM APPROVED 2567-L

***************************************		(XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER 395890		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 11/03/2022	
NAME OF PROVIDER OR SUPPLIER: SKILLED NURSING UNIT, ARMSTRONG CO MEMORIAL HOSPITAL STATE LICENSE NUMBER: 270902			STREET ADDRESS, CITY, STATE, ZIP CODE: ONE NOLTE DRIVE KITTANNING, PA 16201				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR I IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
F 0000	Based on a Medicare/N State Licensure and a on November 3, 2022 Armstrong County Medetermined that there wander the requirement B, Requirements for L PA Code, Commonwe Term Care Licensure N	Civil Rights survey of at the Skilled Nursin emorial Hospital, it values were no deficiencies of 42 CFR Part 483, ong Term Care and ealth of Pennsylvania	completed ag Unit - vas identified Subpart the 28	F 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

CMS-2567L QGZ111 IF CONTINUATION SHEET Page 1 of 1



## **Certified End Page**

## SKILLED NURSING UNIT, ARMSTRONG CO MEMORIAL HOSPITAL

STATE LICENSE NUMBER: 270902 SURVEY EXIT DATE: 11/03/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY